

PRIVACY ACT STATEMENT: Authority to request this information is contained in 10 United States Code Chapter 11. Purpose of the information is to identify attributable Lieutenant Commanders who desire to remain in the Naval Reserve, or to screen other Naval Reserve personnel for immediate recall potential. Information is used in the continuous screening of units and members of the Ready Reserve to insure a proper balance of military skills in the Naval Reserve. Completion of the form is mandatory; failure to provide requested information may result in transfer to the Standby Reserve, Retired Reserve or discharge from the Naval Reserve as appropriate.

INSTRUCTIONS

ENLISTED PERSONNEL: Submit direct to the command maintaining your service record. The date and year to be entered in paragraph two must be for entire period of current enlistment (EOS). The date cannot extend beyond the expiration of your enlistment.

OFFICER PERSONNEL: Submit to Chief of Naval Personnel (R61) via the command maintaining your service record, and/or the command to which you are requesting assignment. Send copies to remainder of chain of command, if any.

FROM:		Print Clearly																									
SOCIAL SECURITY NUMBER <table border="1" style="width:100%"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														NAME <table border="1" style="width:100%"><tr><td colspan="3"></td></tr><tr><td style="text-align:center">Last</td><td style="text-align:center">First</td><td style="text-align:center">Middle I.</td></tr></table>					Last	First	Middle I.						
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DATE OF PHYSICAL EXAM (Must be within 1 yr of date of request) <table border="1" style="width:100%"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td style="text-align:center">Mo.</td><td style="text-align:center">Da.</td><td style="text-align:center">Yr.</td><td colspan="3"></td></tr></table> Flight Physical for Naval Aviators and Naval Flight Officers								Mo.	Da.	Yr.				DATE OF REQUEST <table border="1" style="width:100%"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td style="text-align:center">Mo.</td><td style="text-align:center">Da.</td><td style="text-align:center">Yr.</td><td colspan="3"></td></tr></table>								Mo.	Da.	Yr.			
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ACTIVITY MAINTAINING SERVICE RECORD OR COMMAND TO WHICH REQUESTING ASSIGNMENT: <table border="1" style="width:100%"><tr><td colspan="6"></td></tr></table>								GRADE/RATE <table border="1" style="width:100%"><tr><td colspan="6"></td></tr></table>																			
		DESIGNATOR (Officers Only) <table border="1" style="width:100%"><tr><td colspan="6"></td></tr></table>																									
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2. I agree to be a member of the Ready Reserve for an indefinite period subject to age-in-grade limitations. (See reverse) until _____ (Enlisted Only)																											
3. I certify that as a member of the Ready Reserve until that date, I am and will remain immediately available for any active duty, including active duty for training, to which I may be ordered in accordance with law.																											
4. I further certify that I understand that I will not be released from this agreement upon my own application unless all of the three following conditions have been met: <div style="margin-left: 20px;">a. there has been a substantial change in my status or circumstances; b. I have requested, prior to the date of an alert or notice of mobilization or the date of orders to active duty, either (1) transfer to the Standby Reserve, or (2) transfer to the Retired Reserve, if eligible, or (3) discharge from the armed force of which I am a member; and c. that request has been approved.</div>																											
SIGNATURE (Sign all copies) _____																											

FIRST ENDORSEMENT (Officers only)

FROM:	DATE
TO: CHIEF OF NAVAL PERSONNEL (PERS-R61)	

1.	Forwarded. The report of the physical examination indicated above was forwarded to the Chief, Bureau of Medicine and Surgery on Standard Forms 88 and 93.
	Annual Certificate of Physical Condition (NAVPERS 6100/1) is on file in health record.
	DATE OF CERTIFICATE: _____

COPY TO: